

CHORLEY
CUSTOMERS
23 AUG 2012

LICENSING ACT 2003 - Section 17

Application for a premises licence to be granted under the Licensing Act 2003

Chorley Council

Licensing Section,
Civic Offices,
Union Street,
Chorley,
Lancashire,
PR7 1AL

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I / we (name(s)) <u>MOHAMMEN GANGAT</u>	
wish to apply for a premises licence under section 17 the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/ we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003.	
Part 1 - Premises details	
Name of Premises	<u>SUPANEWS</u>
Postal address of premises, if any, or if none, ordnance survey map reference or description <u>9 CHAPEL ST.</u>	
Post Town	<u>CHORLEY</u>
Postcode	<u>PR7 1BN</u>
Daytime telephone number (if any)	<u>07912600572</u>
None-domestic rateable value of club premises £	<u>13500</u>
Part 2 – Applicant details	
Please state whether you are applying for a premises licence as:-	
	Please tick <input checked="" type="checkbox"/> yes
a) an individual or individuals*	<input checked="" type="checkbox"/> Please complete section (A)
b) a person other than an individual*	
i) as a limited company	<input type="checkbox"/> Please complete section (B)
ii) as a partnership	<input type="checkbox"/> Please complete section (B)

iii) as an unincorporated association; or		Please complete section (B)
iv) other (for example a statutory corporation)		Please complete section (B)
c) a recognised club		Please complete section (B)
d) a charity		Please complete section (B)
e) the proprietor of an educational establishment		Please complete section (B)
f) a health service body		Please complete section (B)
g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital		Please complete section (B)
h) the chief officer of police of a police force in England and Wales		Please complete section (B)
* If you are applying as a person described in (a) or (b) please confirm:-		Please tick <input checked="" type="checkbox"/> yes
<ul style="list-style-type: none"> I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or I am making the application pursuant to: <ul style="list-style-type: none"> a statutory function; or a function discharged by virtue of Her Majesty's prerogative 		
(A) INDIVIDUAL APPLICANTS		
(Delete as applicable)	Mr	Mrs Miss Ms
Other title (for example, Rev)		
Surname GANGAT		
First name(s) MOHAMMED		
Please tick <input checked="" type="checkbox"/> yes		
I am 18 years old or over	<input checked="" type="checkbox"/>	Date of birth
		3 1 2 1 9 8 3
Current postal address, if different from premises address		
9 ARNO STREET FRENCHWOOD PRESTON		
Post town	PRESTON	Post code
		PRI 3QR
Daytime contact telephone number		
07912600572		
Email address (optional)		
TALKINGFONEZ@YAHOO.CO.UK		

SECOND INDIVIDUAL APPLICANT					
(Delete as applicable)		Mr	Mrs	Miss	Ms
Other title (for example, Rev)					
Surname					
First names					
		Please tick <input checked="" type="checkbox"/> yes		Day	Month
I am 18 years old or over	<input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current postal address, if different from premises address					
Post town				Post code	
Daytime contact telephone number					
Email address (optional)					
(B) OTHER APPLICANTS					
Please provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give name and address of each party concerned.					
Name			Name		
Address			Address		
Registered number (where applicable)					
Description of applicant (for example partnership, company, unincorporated association etc.)					
Telephone number (if any)					
Email address (optional)					

Part 3 – Operating Schedule

	Day	Month	Year
When do you want the premises licences to start?	01	09	2012

	Day	Month	Year
If you wish the licence to be valid only for a limited period, when do you want it to end?			

Please give a general description of the premises (please read guidance note 1)

IT IS A 3 FLOOR BUILDING, VERY WELL FITTED.
 IT IS SITUATED IN CHORLEY TOWN CENTRE.
 THE 1ST FLOOR IS USED FOR RETAIL.
 2ND FLOOR STOCK.
 3RD FLOOR TOILET.

If 5,000 or more people are expected to attend the premises at any one time, please state number expected to attend	
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What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick ✓ yes

a) plays (if ticking yes, fill in box A)	
b) films (if ticking yes, fill in box B)	
c) indoor sporting events (if ticking yes, fill in box C)	
d) boxing or wrestling entertainments (if ticking yes, fill in box D)	
e) live music (if ticking yes, fill in box E)	
f) recorded music (if ticking yes, fill in box F)	
g) performances of dance (if ticking yes, fill in box G)	
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	
Provision of entertainment facilities for:	
i) making music (if ticking yes, fill in box I)	
j) dancing (if ticking yes, fill in box J)	
k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)	
The supply of late night refreshment (if ticking yes, fill in box L)	
The supply of alcohol (if ticking yes, fill in box M)	✓
In all cases complete boxes N, O and P	

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			
Wed			
			State any seasonal variations for performing plays (please read guidance note 4)
Thur			
Fri			
			Non-standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			
			State any seasonal variations for the exhibition of films (please read guidance note 4)
Wed			
Thur			
			Non-standard timings. Where you intend to use the premises for the exhibition of a films at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)		
			Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Tue					
Wed					
			Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
			State any seasonal variations for performance of live music (please read guidance note 4)
Tue			
			Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed			
Thur			
Fri			
Sat			
Sun			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
			State any seasonal variations for the playing of recorded music (please read guidance note 4)
Tue			
			Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed			
Thur			
Fri			
Sat			
Sun			

G

Performance of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
			State any seasonal variations for performing of dance (please read guidance note 4)
Tue			
			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed			
Thur			
Fri			
Sat			
Sun			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment that the club will be providing
Day	Start	Finish	Will the entertainment take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
			Please give further details here (please read guidance note 3)
Tue			
			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Wed			
			Non-standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing
Day	Start	Finish	Will the facilities for making music be indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment that you will be providing
Day	Start	Finish	Will the facilities for dancing be indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for provision of dancing facilities (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

K

Provision of facilities for entertainment of a similar description to that falling with I or J			Please give a description of the type of entertainment that you will be providing
Standard days and timings (please read guidance note 6)			Will the entertainment facility take place indoors or outdoors or both – please tick ✓ (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for provision of this entertainment of a similar description to that falling within I or J (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for provision of facilities for entertainment of a similar description to that falling within I or J at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

L

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both – please tick ✓ (please read guidance note 2)
Standard days and timings (please read guidance note 6)			Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			State any seasonal variations for provision of late night refreshment (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the for provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick ✓ (please read guidance note 7) On the premises <input type="checkbox"/> Off the premises <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations (please read guidance note 4) <p style="text-align: center;">NONE</p>
Mon	08:00	21:00	
Tue	08:00	21:00	
Wed	08:00	21:00	
Thur	08:00	21:00	
Fri	08:00	21:00	
Sat	08:00	21:00	
Sun			Non-standard timings. Where you intend to use the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5) <p style="text-align: center;">NONE</p>

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	MOHAMMED FANGAT
Address	9 ARNO ST. FRENCHWOOD PRESTON <p style="text-align: right;">(PR1 3QR)</p> <p style="text-align: right;">Post Code PR1 3QR</p>
Personal Licence number (if known)	
Issuing licence authority (if known)	

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

NONE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	18:00 21:00	NONE
Tue	08:00	18:00 21:00	
Wed	08:00	18:00 21:00	
Thur	08:00	18:00 21:00	
Fri	08:00	18:00 21:00	
Sat	08:00	18:00 21:00	
Sun			
			Non-standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
			NONE

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d, e) (Please read guidance note 9)

INSTALL CCTV ✓
WORK CLOSELY WITH THE POLICE (LOCAL COMMUNITY OFFICERS)
WILL NOT SERVE ANYONE WHO APPEARS TO BE INTOXICATED
ANYONE WHO HAS CAUSED TROUBLE ONCE WILL ALWAYS BE
REFUSED THE SALE OF ALCOHOL.
NO I.D NO SALE
ALWAYS HAVE TWO MEMBERS OF STAFF PRESENT.

b) The prevention of crime and disorder

INSTALL CCTV ✓
WORK CLOSELY WITH THE POLICE (LOCAL
COMMUNITY OFFICERS)

c) Public safety

WILL NOT SERVE ANYONE WHO APPEARS
TO BE INTOXICATED.

d) The prevention of public nuisance

ANYONE WHO HAS CAUSED TROUBLE ONCE, WILL
ALWAYS BE REFUSED THE ~~SALE~~ SALE OF
ALCOHOL NEX TIME. ✓

e) The protection of children from harm

NO I.D NO SALE ✓
ALWAYS HAVE TWO MEMBERS OF STAFF
PRESENT.

CHECKLIST:	please tick ✓
I have made or enclosed payment of the fee	✓
I have enclosed the plan of the premises	✓
I have sent copies of this application and plan to the responsible authorities and others where applicable	✓
I have completed and enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable	✓
I understand that I must now advertise my application	✓
I understand that if I do not comply with the above requirements my application will be rejected	✓

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 - Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorized agent. (Please read guidance note 11) If signing on behalf of the applicant please state in what capacity.

Signature 1. Pongel Date 25/7/2012

Capacity _____

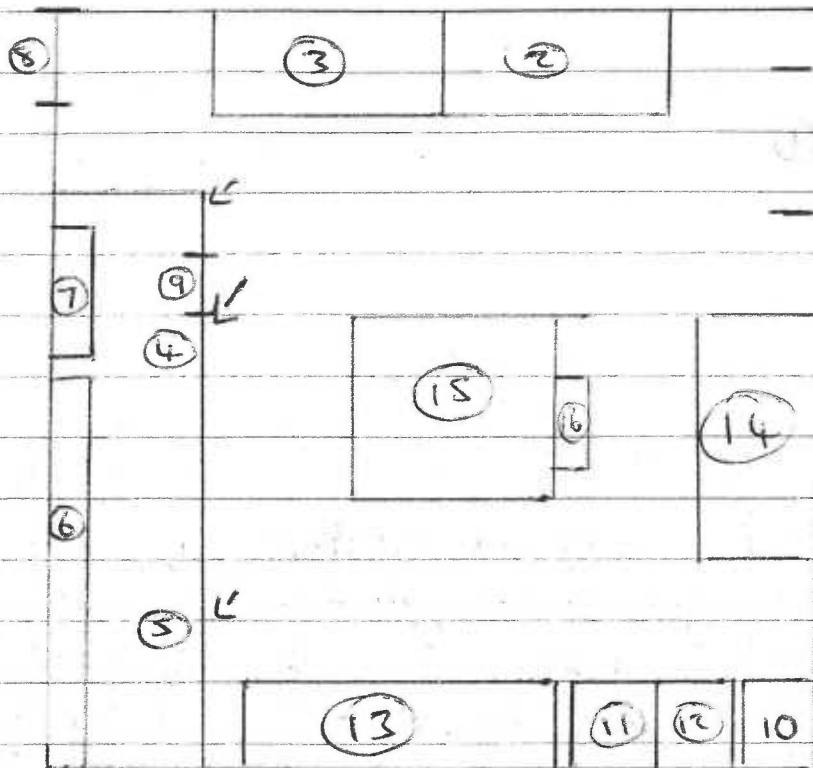
For joint applications signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent. (Please read guidance note 12)

If signing on behalf of the applicant please state in what capacity.

Contact name (where not previously given) and postal address for correspondence associated with this application. (Please read guidance note 13)	
MOHAMMED RAWGAT FLEWCHWOOD	
Post town <u>PRESTON</u>	Post code <u>PR1 3QR</u>
Telephone number (if any) <u>07912600572</u>	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

PLANS OF PREMISES

1:100



① DOOR/EXIT/ENTRANCE
* ② NEWSPAPER/MAGAZINE STAND

* ③ ALCOHOL FRIDGE AND SHELVES TO STORE ALCOHOL

④ COUNTER AREA

⑤ LOTTO MACHINE

* ⑥ TOBACCO GANTREY

⑦ ALCOHOL ON SHELVES BEHIND TILL.

⑧ FIRE EXIT DOOR

⑨ SHOP TILL

⑩ PHOTOCOPY MACHINE

⑪ SOFT DRINKS FRIDGE

⑫ SOFT DRINKS FRIDGE

* ⑬ CONFECTIONERY STAND

⑭ BIRTHDAY CARDS

* ⑮ TOILET ROLLS, CEREALS BARS, SUGAR, COFFEE

⑯ LOTTO STAND.

* MEANS - STAND IS FIXED TO THE WALL/FLOOR

⑰ THE COUNTER IS SLIGHTLY LIFTED BY 4 INCHES - YOU ONLY HAVE ACCESS IF YOU PUSH THE MINI DOOR.

Consent of individual to being specified as premises supervisor

I
 Mr / Mrs / Ms / Miss / Other please state

of

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

by

relating to a premises licence`

for

and any premises licence to be granted or varied in respect of this application made by

concerning the supply of alcohol at

~~SUPANews~~ SUPANews

I also confirm that I ~~am applying for~~, intend to apply for ~~or currently hold a~~ personal licence, details of which I set out below.

<p>Personal licence number [insert personal licence number, if any]</p> <p>Personal licence issuing authority</p> <p>[insert name and address and telephone number of personal licence issuing authority, if any]</p>

Signed *M. Gangat*

Name (please print) **MOHAMMED GANGAT**

Date *25/7/2012*